DRAFT

TRAUMA SYSTEM ADMINISTRATIVE RULES

SUBMITTED BY

EMSCC and STAC Trauma Caucus

Part 1. General Provisions Definitions; A to D

Rule 101

(a) "Accountable' means ensuring compliance on the part of each healthcare facility , trauma facility , life support agency, emergency medical services personnel in carrying out emergency medical services based upon protocols established by the medical control authority (and Regional Trauma Advisory Council) and approved by the department

(b) "ACLS course" means Advanced Cardiac Life Support course targeted for pre-healthcare facility and healthcare facility personnel who need to be credentialed in advanced cardiac life support.

(c) "ACS" means the American College of Surgeons

(d) "Adult trauma patient" means an individual that is, or appears to be, 15 years of age or older.

(e) "ATLS course" means Advanced Trauma Life Support course targeted for physicians with an emphasis on the first hour of initial assessment and primary management of the injured patient, starting at the point in time of injury continuing through initial assessment, life- saving intervention, reevaluation, stabilization, and transfer when appropriate.

(f) "Administrative hearing" means as defined by part 209 of 1978 PA368, Administrative Procedures Act of 1969 as amended.

(g) "ALJ" means an administrative law judge as defined by part 209 of 1978 PA368, Administrative Procedures Act of 1969 as amended.

(h) "Board certified in emergency medicine' means current certification by the American Board of Emergency Medicine, the American Board of Osteopathic Emergency Medicine, or other agency approved by the department that meets the standards of these organizations.

(i) "Trauma bypass" means to forego delivery of a patient to the nearest healthcare facility for a healthcare facility whose resources are more appropriate for the patient's injury pursuant to direction given to a pre-hospital emergency medical service by on-line medical direction or predetermined triage criteria as established in department approved protocols.

(j) "Code' means 1978 PA 368, MCL 333.1101 et seq. and known as the public health code.

(k) "Department" means the Michigan Department of Community Health, or its duly appointed successor.

(l)"Direct communication" means a communication methodology that ensures medical control authority supervision of a life support agency when performing emergency medical services through any of the following methods:

(i) Direct interpersonal communications at the scene of the emergency
(ii) Direct verbal communication by means of an approved two-way telecommunications system operating within the medcom requirements.
(iii)Protocols adopted by the medical control authority and approved by the department.
(iv) Other means submitted by the MCA and approved by the department that are not in conflict with the medcom requirements.

(m) "Disciplinary action" means an action taken by the department against a medical control authority, a life support agency, healthcare facility , or individual, or an action taken by a medical control authority against a life support agency or licensed individual for failure to comply with the code, rules, or protocols approved by the department. Action may include suspension, limitation, or removal of medical control, from a life support agency of a medical control authority providing medical control, from an individual providing emergency medical services care, or any other action authorized by the code.

Definitions; E to O

Rule 102.

(a) 'Emergency medical services intercept" means a situation where a life support agency is transporting an emergency patient from the scene of an emergency, and requests patient care intervention from another life support agency for a higher level of care.

(b) "Emergency medical services telecommunications" means the reception and transmission of voice and/or data information in the emergency medical services system consistent with the medcom requirements prescribed by the department.

(c) "Fixed wing aircraft" mean a non-rotary aircraft transport vehicle that is primarily used or available to provide patient transportation between health care facilities and is capable of providing patient care according to orders issued by the patient's physician.

(d) "Ground ambulance" means a vehicle that complies with design and structural specifications, as defined in R 325.22101 through R 325.22217, and is licensed as an ambulance to provide transportation and basic life support, limited advanced life support, or advanced life support.

(e) “Health care facility” means a healthcare facility licensed under parts 208 and 215 of the code that operates a service for treating emergency patients 24 hours a day 7 days a week..

(f)“Hold itself out” means the agency, healthcare facility , or trauma facility advertises, announces, or charges specifically for providing emergency medical services as defined in the code.

(g) “Inter-facility trauma transfer” means identifying the group of trauma patients that require additional trauma resources with the goal of providing optimal care to these patients by the timely transfer of that patient to an appropriate level of care to optimize outcome.

(h)“License” means written authorization issued by the department to a life support agency and its life support vehicles to provide emergency medical services as defined in the code.

(i)“License expiration date” means the date of expiration indicated on the license issued by the department.

(j)“Licensure action” means probation, suspension, limitation, or removal by the department of a license for a life support agency, a life support vehicle, or a trauma facility for violations of the code.

(k)“Life support vehicle’ means an ambulance, a non transport pre-hospital life support vehicle, or a medical first response vehicle as defined in the code.

(l)“Medcom requirements” means medical communication requirements for an emergency medical services communication system.

(m)“Medical control” means the supervision and coordination of emergency medical services through a medical control authority, as prescribed, adopted, and enforced through department-approved protocols, within an emergency medical services system.

(n)“Medical control authority” means an organization designated by the department to provide medical control as defined in code.

(o)“Medical control authority board” means a board appointed by the participating organizations to carry out the responsibilities and functions of the medical control authority.

(p)“Medical control authority region” means the geographic area comprised of a county, group of counties, or parts of an individual county, as designated by the department.

(q) "Non-designated" healthcare facility means a healthcare facility that either has chosen not to be a part of Michigan's trauma care system, or a healthcare facility that the department has not designated as a Level I Regional Trauma Research Facility , Level II Regional Trauma Facility, Level III Community Trauma Facility, or Level IV Trauma Support Facility .

Definitions; P to T

Rule 103 as used in these rules:

(a) "Pediatric trauma facility" is a facility that has obtained that additional level of verification as a trauma facility as provided by the American College of Surgeons, as well as those requirements to be designated as a trauma facility in Michigan as set forth in rule.

(b) "Pediatric trauma patient" means an injured individual that is, or appears to be, 14 years of age or under.

(c) "Physician" means a doctor of medicine (MD) or a doctor of osteopathy (DO) who possesses a valid license to practice medicine in the state.

(d) "Protocol" means a patient care standard, standing orders, policy, or procedure for providing emergency medical services that is established by a medical control authority and approved by the department under section 20919.

(e) "Professional Standards Review Organization" means a committee established by a life support agency or a medical control authority for the purpose of improving the quality of medical care as provided in 1967 PA 270, MCL 331.531 to 331.533.

(f)"Quality improvement program" means actions taken by a life support agency, medical control authority, trauma facility , or jointly between a life support agency, medical control authority, or trauma facility with a goal of continuous improvement of medical care in accordance with the code. Said action shall take place under a Professional Standards Review Organization as provided in 1967 PA 270, MCL 331.531 to 331.533.

(g) "Regional Professional Standards Review Organization" means a committee established by the Regional Trauma Network for the purpose of improving the quality of trauma care within a recognized trauma region as provided in 1967 PA 270, MCL 331.531 to 331.533.

(h) "Regional trauma advisory council (RTAC)" means a committee established by a regional trauma network and comprised of MCA personnel, EMS personnel, life support agency representatives, healthcare facility representatives, physicians,

nurses and consumers. The functions of the RTAC are to provide leadership and direction in matters related to trauma systems development in their region and monitor the performance of the trauma agencies and healthcare facilities within the region, including, but not limited to, the review of trauma deaths and preventable complications.

(i)"Regional trauma network" means an organized group comprised of the local MCA's within a region, which integrates into existing regional emergency preparedness, and is responsible for appointing a regional trauma advisory council, and creating a trauma system plan.

(j)"Regional trauma plan" means a written plan prepared by a regional trauma advisory council that is based on minimum criteria established by the department, and shall address each of the following trauma system components: leadership; public information & prevention; human resources; communications, medical direction; triage; transport; trauma care facilities; inter-facility transfers; rehabilitation; and evaluation of patient care within the system.

(k)"Rotary aircraft" means a helicopter that is licensed under the code as an ambulance.

(l)"Service area" means a geographic area in which a life support agency is licensed to provide emergency medical services for responding to an emergency.

(m) "State Trauma Advisory Committee (STAC)" means the State Trauma Advisory Committee as defined in Public Act 580, 581, and 582 of 2005, and acts as the department's subject matter experts with regard to the clinical and operational components of trauma care.

(n) "Statewide Trauma care system" means a comprehensive and integrated arrangement of emergency services personnel, facilities, equipment, services, communications, medical control authorities, and organizations necessary to provide trauma care to all patients within a particular geographic region."

(o) "Statewide Trauma registry" means a system for collecting data from trauma facilities and life support agencies for which the department manages and analyzes the data and disseminates results.

(p) "Trauma" means bodily injury caused by the application of external forces.

(q) "Trauma care system" means a comprehensive and integrated arrangement of emergency services personnel, facilities, equipment, services, communications, medical control authorities, and organizations necessary to provide trauma care to all patients within a particular geographic region."

(r) “Trauma Facility” means a healthcare facility designated by the department as having met the criteria set forth in code as being either a Level I Regional Trauma Research Facility, Level II Regional Trauma Facility, Level III Community Trauma Facility, or Level IV Trauma Support Facility.

(s) “Trauma team” means a team of multidisciplinary health care providers established and defined by a healthcare facility or emergency care facility that provides trauma care.

(t) “Triage” means classifying patients according to the severity of their medical conditions.

Rule 104. Terms defined in the code have the same meanings when used in these rules.

Rule 105. Powers and duties of the department generally

(1) The department, with the advice of the EMSCC and State Trauma Advisory Committee, and to the extent that funding is appropriated, shall do all of the following:

(a) Implement an “all-inclusive” trauma system throughout the state. This type of system allows for the care of all injured patients in an integrated system of health care in the pre-hospital and healthcare facility environments by personnel that are well trained and equipped to care for those injured patients of any severity. It allows for a healthcare facility to participate in the system to the extent (level) that they are willing to commit the resources necessary for the appropriate management of the injured patient and prohibits the department from limiting the number of health care facilities that seek to qualify for any given level of trauma designation under this system. It also ensures that all injured patients are part of the system of coordinated care, based on the degree of injury and care required.

(b) Establish a statewide trauma quality improvement process using a statewide database, which is compatible with trauma, emergency departments, and pre-hospital data systems; monitor the statewide trauma system; ensure the coordination and performance of the regional trauma networks; establish minimum standards for system performance and patient care.

(c) Assign a dedicated State EMS/Trauma Medical Director and supporting resources consistent with the criteria set forth in the 2004 Michigan Trauma Systems Plan.

(d) Implement and maintain a statewide plan for a trauma system for Michigan, that addresses state leadership; public information & prevention; human resources; communications; medical direction; triage; transport; trauma care facilities; inter-healthcare facility transfers; rehabilitation; and evaluation of patient care and the system.

(e) Ensure integration of the trauma and Emergency Medical Systems (EMS), including all pre-hospital and organ procurement organization components.

(f) Develop a statewide process to establish Regional Trauma Networks -comprised of local Medical Control Authorities (MCAs) in a manner that integrates into existing regional emergency preparedness, EMS or Medical Control systems.

(g) Develop a statewide process for the verification of trauma resources.

(h) Develop a statewide process for the designation of trauma facilities.

(i) Develop an appeals process for facilities contesting their designation.

(j) Establish state trauma guidelines and approve regional trauma triage protocols.

(k) Establish Regional trauma networks, consistent with the current eight Emergency Preparedness Regions, in order to provide system oversight of the trauma care provided in each region of the state. Regional trauma networks shall be comprised of collaborating local Medical Control Authorities (MCAs) in a region. The collaborating MCAs in a region would apply to the Department for approval and recognition as a Regional Trauma Network. The department, with the advice and recommendations of the Statewide Trauma Advisory Committee and EMSCC will review the appropriateness of the regional structure every three years. The establishment of the Regional Trauma Networks is not intended to limit the transfer or transport of trauma patients across regional trauma networks.

(l) Implement Tiered Triage Protocols. Major trauma patients requiring the resources of a Level I Regional Trauma Research Facility or Level II Regional Trauma Facility shall be identified by adult and pediatric field triage criteria established by the Regional Trauma Networks, under guidelines established and approved by the Department, based on the recommendations of the State Trauma Advisory Committee.

(m) Verify the trauma care resources of all healthcare facilities in Michigan over a three year period.

(n) Establish a mechanism for periodic re-designation of all healthcare facilities as proscribed in the Departmental Requirements.

(o) Develop a comprehensive statewide data collection system that shall be phased over a five-year period.

(p) Formulate guidelines for the development of performance improvement plans by the regional trauma networks.

(q) With the advice and recommendations of the State Trauma Advisory Committee develop a process for Trauma System Performance which will include responsibility for monitoring compliance with standards, maintaining confidentiality and periodic review of trauma facility standards, as presently defined in the Departmental Requirements.

(r) With the advice and recommendations of the State Trauma Advisory Subcommittee and EMSCC , develop a process for the Evaluation of Trauma System Effectiveness.

(s) Coordinate and integrate appropriate injury prevention initiatives and programs

(t) Support and fund the components of the state trauma system and the Regional Trauma Networks, and provide adequate staffing and resources to carry out its responsibilities and functions.

(u) Conduct an accurate assessment of the training and education needs, and resources of trauma care personnel throughout the state.

Rule 106 Trauma Facility Verification, Designation and re-designation; general

1. No healthcare facility shall be required to obtain designation as a Trauma facility, and no healthcare facility shall self designate itself as a trauma facility

2. No healthcare facility may use the word Trauma to describe its facility, or in it's advertising, unless it obtains and maintain a designation as a Trauma facility from the department, as proscribed in the department's trauma facility designation requirements.

3. All healthcare facilities that wish to identify themselves as a trauma facility must meet the criteria set forth for the level of designation being sought as proscribed in the department's trauma facility designation requirements.

4. The department shall re-designate the trauma capabilities of each healthcare facility on the basis of verification and designation requirements in effect at the time of re-designation.

5. In order to obtain a designation as a Trauma Facility, the institution must apply to the Department as proscribed by department Trauma Facility Application requirements.

6. The department shall designate the existing trauma resources of all participating healthcare facilities in the state, based, upon the following four categories:

a. For a Level I Regional Trauma Research Center , the most current verification criteria established by the American College of Surgeons Committee on Trauma (ACSCOT) for level I trauma facilities; and as proscribed in the departments trauma facility designation requirements.

b. For a Level II Regional Trauma Center, the most current verification criteria established by the ACSCOT for level II trauma facilities; and as proscribed in the departments trauma facility designation requirements.

c. For a Level III, Community Trauma Facility, verification criteria shall be established by the department, with the advice and recommendations of the State Trauma Advisory Committee and EMSCC, based upon relevant ACSCOT criteria for level III facilities, as proscribed in the departments trauma facility designation requirements.

d. For a Level IV, Trauma Support Facility, verification criteria shall be established by the department, with the advice and recommendations of the State Trauma Advisory Committee and EMSCC, based upon relevant ACSCOT criteria for level IV facilities, as proscribed in the departments trauma facility designation requirements.

e. The department may, with the advice and recommendations of the State Trauma Advisory Committee and EMSCC, modify the criteria or establish additional levels of trauma care resources as appropriate to maintain an effective state trauma system and protect the public welfare, as proscribed in the departments trauma facility designation requirements, except that the department shall not establish any criteria for the purpose of limiting the number of health care facilities that qualify for a particular trauma level under these rules.

f. .

7. The resources of healthcare facilities applying for Level I Regional Trauma Research Facility or Level II Regional Trauma Facility designation status shall be verified by the ACSCOT, and as proscribed in the departments trauma facility designation requirements.

8. Healthcare facilities seeking designation as either a Level III, Community Trauma Facility or Level IV, Trauma Support Facility shall be verified using an "in-state" process established by the department, with the advice of the State Trauma Advisory Committee, and as proscribed in the departments trauma facility designation requirements.

9. The department, with the advice of the STAC and the recommendation of the EMSCC, will establish departmental requirements for the assessment of fees for the designation and re-designation of trauma facilities. All fees collected by the department for the designation and re-designation of trauma facilities will be assigned to eh budget of the EMS and Trauma Services section for purposes related to trauma system program activities.

10. Healthcare facilities wishing to be re-designated as a Level I Regional Trauma Research Facility must independently obtain ACS verification at that level, as well as meet the requirements for a Level I Regional Trauma Research Facility as proscribed in the departments trauma facility designation requirements.

11. Healthcare facilities wishing to be re-designated as a Level II Regional Trauma Facility must independently obtain ACS verification at that level, as well as meet the requirements for a Level II Regional Trauma Facility as proscribed in the departments trauma facility designation requirements.

12. Healthcare facilities wishing to be re-designated as a Level III Community Trauma Facility must obtain verification at that level using "in-state" resources as proscribed in the departments trauma facility verification requirements, as well as comply with the departments trauma facility designation requirements.

13. Healthcare facilities wishing to be re-designated as a Level IV Trauma Support Facility must obtain verification at that level using "in-state" resources as proscribed in the departments trauma facility verification requirements, as well as comply with the departments trauma facility designation requirements.

Rule 107. Triage and Transport - general

1. The Department, with the advice and recommendations of the State Trauma Advisory Committee and EMSCC, shall develop departmental requirements and protocols for the

triage, transport, and inter-facility transfer of adult and pediatric trauma patients to appropriate trauma care facilities, as currently defined in the Departmental Requirements and subject to review and revision as recommended by the STAC and EMSCC.

2. The departmental requirements for the triage, transport, and the inter-facility transfer of trauma patients provide the minimum standards of care that must be utilized in the transfer of care for trauma patients. On an annual basis, or as needed, the department shall review and updated these requirements with the advice and recommendations of the State Trauma Advisory Committee and EMSCC.

3. The "department", with the advice and recommendations of the State Trauma Advisory Committee and EMSCC, shall create Regional Trauma Advisory Committee's that shall have the responsibility for implementing triage and transport procedures with that geographical area .

a. Each regional trauma advisory committee shall be created within the emergency management districts currently established within the state.

b. Each Trauma region has the ability to create its own triage and transport criteria and protocols, destination criteria and protocols, and inter-facility transfer criteria and protocols, so long as they meet or exceed the minimum standards set forth in department requirements, and that they are reviewed by the Statewide Trauma Advisory Committee and the EMSCC and approved by the department. This may include coordination of triage and transport criteria and protocols across geographic regions if in the best interest of providing optimal trauma care to patients.

Rule 108. Trauma Regions

1. The department, with the advice and recommendations of the State Trauma Advisory Committee and EMSCC, and to the extent that funding is appropriated by the legislature, shall support the establishment and operational activities of the trauma regions through the commitment of staff resources consistent with recommendations of the Michigan Trauma Systems Plan of 2004.

a. Each region shall establish a Regional Trauma Network as proscribed and defined by rule.

1. All MCA's within a region must participate on the Regional Trauma Advisory network, and life support agencies that care for trauma patients should be offered membership on the regional trauma advisory committee.

Regional Trauma Advisory Committees shall be operated in a manner that maximizes inclusion of their constituents.

b. At least quarterly, a Regional Trauma Network shall submit evidence of on-going activity, such as meeting notices and minutes, to the department. Annually, the Regional Trauma Advisory Committee shall file a report with the department which describes progress toward system development, demonstrates on-going activity, and includes evidence that members of the Regional Trauma Advisory Committee are currently involved in trauma care.

c. The Regional Trauma Network shall develop a system plan based on departmental requirements for comprehensive system development. The system plan is subject to review of the State Trauma Advisory Committee and EMSCC and approval by the department.

h. The department shall review the plan to assure that at a minimum:

1. all counties within the Regional Trauma Advisory Committee have been included unless a specific county, or portion thereof, has been aligned within an adjacent system;

2. all health care entities and MCA's, life support agencies have been given an opportunity to participate in the planning process; and

3. the following components have been addressed:
   a) injury prevention;
   b) access to the system;
   c) communications;
   d) medical oversight;
   e) pre-hospital triage criteria
   f) trauma diversion policies
   g) trauma bypass protocols;
   h) regional trauma treatment guidelines;
   i) regional quality improvement plans
   j) trauma education.

2. Each Regional Trauma Network shall appoint a Regional Professional Standards Review Organization as defined in rule 103 (e).

a) Each Regional Trauma Advisory Committee shall develop performance improvement plans that are consistent with the Departments Trauma System Performance Improvement Requirements. Regional Plans and departmental requirements for Performance Improvement shall be reviewed annually by the State Trauma Advisory Committee and EMSCC for recommendations to the department.

3. Guidelines which are developed and proposed for implementation by a Regional Trauma Advisory Committee must meet or exceed those that have been established by the department with the advice and recommendations of the State Trauma Advisory Committee and EMSCC.

4. Once the department approves a completed regional trauma plan the department shall recognize the Regional Trauma Network.
   1) The network approval process shall consist of three phases:
      a) The first phase is the application phase which begins with completing and submitting to the department a completed regional plan for the Regional Trauma Network.
      b) The second phase is the review phase which begins with the receipt of the regional plan, and ends with a department recommendation to approve the Regional Trauma Network
      c) The third phase is the final phase with the department making a final decision regarding the Regional Trauma Network plan. This phase also includes an appeal procedure for the denial of an approval of application in accordance with the departments Administrative Hearings Requirements.
      d) When the application phase results in a recommendation to the department for approval by the Statewide Trauma Advisory Committee and the EMSCC, and the department approves, the department shall notify the Regional Trauma Network applying of the recommended action, within 90 days from receipt by the department.

   2) Upon approval, a regional trauma advisory committee implements the plan to include:
      a) education of all entities about the plan components;
      b) on-going review of resource, process, and outcome data; and
      c) if necessary, revision and re-approval of the plan or plan components by the department.

Rule 109. Data Collection - general

1) The “department”, with the advice and recommendations of the State Trauma Advisory Committee and EMSCC, will develop and maintain a statewide trauma data collection system, to the extent that dedicated funding is appropriated by the legislature, which will include development of a State Trauma Data Oversight Committee.

2) The department shall adopt the national trauma data elements and definitions as a minimum set of elements for data collection. Additional required data elements and their definitions are set forth in the departments data requirements.

3) The department shall develop procedures to meet the five year data implementation plan as set forth in 3 (a) though 3 (e) based on the effective date of administrative rule

a) Year 1 – Establish regions, define data dictionary, and define the data download and data verification process. Establish regional and state committee structure. Download all ACS verified trauma facility data to a regional trauma registry. Generate reports and evaluate uniformity of data.

b) Year 2 – Work towards uploading regional data to state registry. Identify all healthcare facilities for data submission. Establish a data collection process for Community Trauma Facilities, and Trauma Support Facilities. Initial evaluation of regional data by regional committees and upload the data to the state trauma registry.

c) Year 3 – Develop annual reports using regional and state data defined by the State Trauma Data Oversight Committee, a subcommittee of the STAC. Assess the state trauma system and Regional Trauma Network.

d) Year 4 –Expand the trauma data collection system to include all participating healthcare facilities.

e) Year 5 - Evaluate and import additional data from existing databases on a needs basis.

4) The department, will support the data collection and analysis process through the commitment of staff resources consistent with the advice and recommendations of the State Trauma Advisory Committee and EMSCC.

5) Healthcare facility participation in Data Collection:

a) All healthcare facilities with an emergency center shall be expected to participate in data submission.

6) Confidentiality of Trauma Data:

a) The confidentiality and protection of patient data collected as part of the creation and operation of the Trauma System shall be provided and maintained through the creation of Regional Professional Standards Review Organization, as provided in 1967 PA 270, MCL 331.531 to 331.533.

Rule 110. Trauma Registry general .

1) PURPOSE. The purpose of the trauma registry is to collect and analyze trauma system data to evaluate the delivery of adult and pediatric trauma care, develop injury prevention strategies for all ages, and provide resources for research and education.

2) The department is responsible, to the extent that dedicated funding is appropriated by the legislature, for the coordination of data collected by the trauma care facilities, emergency medical service providers, and first responder services. The department shall do all of the following:

a) Develop and publish a data submission manual that specifies all of the following:
   1. Data elements and definitions.
   2. Definitions of what constitutes a reportable trauma case.
   3. Method of submitting data to the department.
   4. Timetables for data submission.
   5. Electronic record format.
   6. Protections for individual record confidentiality.

b) Notify trauma care facilities, ambulance service providers and first responder services of the required registry data sets and update the facilities and providers, as necessary, when the registry data set changes.

c) Specify both the process and timelines for healthcare facility and ambulance service provider submission of data to the department.

3) Submission of Data. All healthcare facilities and life support agencies shall submit to the department, trauma data determined by the department to be required for the department's operation of the state trauma registry. The department shall prescribe and provide all of the following:

a) Standard reporting mechanisms to be used by all healthcare facilities and life support agencies.

b) The form and content of records to be kept and the information to be reported to the department.

4) The department and regional trauma advisory committees shall use the trauma registry data to identify and evaluate regional trauma care and to prepare standard quarterly and annual reports and other reports and analyses as requested by regional trauma advisory committees, State Trauma Advisory Subcommittee or EMSCC.

Rule 111. Performance Improvement - General.

1) PURPOSE. Each regional trauma advisory committee shall use the trauma registry data collected to improve trauma care through the appointment of Regional Professional Standards Review Organizations, in an effort to reduce death and disability and correct local and regional injury problems.

a) Each Regional Trauma Network shall appoint a Professional Standards Review Organization.

2) Deviations from established guidelines and protocols for trauma patients will be addressed through a documented trauma performance improvement process established by a Professional Standards Review Organization.

3) DATA CONFIDENTIALITY. Each regional trauma advisory committee shall observe the confidentiality provisions of the Health Insurance Portability and Accountability Act under 45 CFR 164, data confidentiality provisions under PA 368, and or as established by the Regional Professional Standards Review Organization.

4) PROCESS. The performance improvement process shall include all of the following for both pediatrics and adults, and shall be consistent with the Departments Trauma System Performance Improvement Requirement:

a) Data collection and analysis.

b) Adult and pediatric-specific quality indicators for evaluating the trauma system and its components.

c) A system for case referral.

d) A process for indicator review and audit.

e) A mechanism for an action plan and process improvement.

f) A mechanism for feedback to the MCA's, EMSCC and State Trauma Advisory Subcommittee.

g) An evaluation of system performance.